

## FINANCIAL AFFIDAVIT

CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER CO "T S I R" ICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)USA vs. DANYALE  
SIMMONSFOR  
JUN 12 2008AT  
Magistrate Judge Sidney I. Schenkier  
United States District Court

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

DANYALE SIMMONS

CHARGE/OFFENSE (describe if applicable &amp; check box →)

☒ Felony  
☐ Misdemeanor

18-2113(a)

- 1 ☒ Defendant - Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

08CR 462

Court of Appeals

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____
	CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____ VALUE June 12, 2008 JUN 12 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents 5 List persons you actually support and your relationship to them _____ _____ _____																			
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<table border="1"> <thead> <tr> <th>APARTMENT OR HOME:</th> <th>Creditors</th> <th>Total Debt</th> <th>Monthly Payt.</th> </tr> </thead> <tbody> <tr> <td>APT.</td> <td></td> <td>\$</td> <td>\$ 950.00</td> </tr> <tr> <td>ELECT 615</td> <td></td> <td>\$</td> <td>\$ 300</td> </tr> <tr> <td>CHARGE T CARD</td> <td></td> <td>\$</td> <td>\$ 300</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.	APT.		\$	\$ 950.00	ELECT 615		\$	\$ 300	CHARGE T CARD		\$	\$ 300			\$
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 06/12/08

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)
